

HIPPO

EDUCATION

Podcast Contributor Show Notes

TITLE: COVID and The Social Needs Response Team

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Summary: <example>

In this Hippo Education bonus, Dr. Lisa Patel from the PedsRAP team sits down with Dr. Jaya Aysola, Assistant Professor of Medicine and Pediatrics and Assistant Dean of Inclusion and Diversity at the Perelman School of Medicine at the University of Pennsylvania. The COVID-19 pandemic has strained community resources and exacerbated health disparities. They discuss crisis intervention theory and how Penn Medicine's Social Needs Response Team addresses these critical issues.

References:

<https://www.pennmedicine.org/news/internal-newsletters/system-news/2020/august/just-a-phone-call-away>

Tags:

Professionalism, Infectious disease ID

Objectives: Discuss the Social Needs Response Team at Penn Medicine--how and why it was created and what may be in store for this team in the future.

Intro:

- We created the The Social Needs Response Team to help any person (patient or employee) that has concerns about their safety or the safety of others, that has any immediate social needs, and/or is experiencing distress during this pandemic.
- Our goal was to meet two critical needs, one service and one educational:
 - Exacerbation of underlying economic disparities as well as mental health concerns stemming from the pandemic impacting both our employees and patients
 - The lack of clinical rotations or experiences for third and fourth year medical students during the pandemic

Main Talking Points:

- Please include your main talking points here. These should also be your main take-home points that you want the listener to walk away with after hearing your segment. These will be included in the “show notes”.

1. **Talk us through what you’ve been seeing in terms of social needs in the families you work with both before and during the pandemic?** We have seen a lot of patients experiencing emotional distress during this pandemic as well as an acute rise in families requiring assistance with immediate social needs---specifically, the lack of housing/shelter, food insecurity, loss of insurance, and unemployment benefits.
2. **Tell us about how the social needs response team works.** The social needs response team is a virtual call center powered by 10 teamlets of 2 to 3 students and one social work supervisor. Each teamlet works a 8 hour virtual shift, where they assist individuals referred to us from across the health system and broader community via a hotline number, AIChatbot and/or our electronic health record system (EPIC). After orientation, students are armed with scripted questions, triage and escalation protocols, community resources updated daily, and immediate assistance for any and all questions by their shift supervisor (a licensed clinical social worker). The supervisor reviews all telephone encounters and is available to answer all questions in real time via text and slack communications. In addition, there is a weekly huddle where all teamlets meet with leadership of this course to discuss operational changes and present and learn from cases that provide any ethical, clinical, or operational insights.
3. **How and why did you develop it?** We partnered with the Departments of Case Management and Social Work and Psychiatry and the Center for Public Health Initiatives to develop this program and then worked closely with the medical school and nursing school to offer course credit and clinical hours to participating students. We developed

this model to simultaneously address critical service and educational goals that emerged from this unprecedented crisis.

4. How do patients get screened initially and who does the screening? A three-item screener was created for health care providers as a dot phrase within EPIC to automate screening of those seeking virtual care at Penn and is used by RN triage teams, physician telemedicine teams, COVID-19 test results teams, and our contact tracing teams to identify individuals to refer to us. Our community facing chatbot portals and community based testing sites advertise our services and refer to us as well. All referred individuals and families are then screened by our Social Needs Response Team with a 12-item screener to comprehensively identify their needs and how best to assist them.

5. Once a patient screens as having a social need, what type of counseling do they receive? How does the team stay up to date on what services are being offered?

We first determine if there are any immediate safety or mental health concerns requiring escalation and a warm hand off to the social work supervisor and/or a crisis line depending on the severity. The protocols and scripted questions for this are very prescriptive given sensitivity and urgency of such needs. There is a more comprehensive screener that is used to then better define what needs patients have. Thereafter, students on a case by case basis, work with suggested scripting for responses and a database of community resources (updated daily) to assist patients, while relying on their supervisor for any assistance. Resources are updated daily by the Department of Social Work and the Center for Public Health Initiatives through their partnerships with the city and community based organizations. Also, students on our team assist with updating our resources as well with feedback from specific cases and their experiences with navigating community resources when assisting patients.

6. Can you tell us about crisis intervention theory?

The essence of crisis intervention theory asks us to start by meeting the patient where they are at --during a situational crisis. Understanding that a crisis (such as a pandemic) can result in a temporary period where a person is unable to cope using their normal problem-solving methods. This can manifest as disorganization and inability to resolve problems as well as tiredness, anxiety, helplessness, and confusion. This understanding should inform the first step of the process of assessing if the patient is safe and then guide how you both identify their immediate social needs and intervene to provide assistance..

7. What is empathetic inquiry and how do we practice it?

Empathic Inquiry is a conversational approach to social needs screening that promotes patient partnership, affirmation, and engagement. It draws from the principles of motivational interviewing, communication skill building, and cultural humility. Key steps include: 1) support patient autonomy and respect their privacy; 2) provide a clear explanation of what and how you will be screening for and assisting with social needs,

keeping in mind patient's may be in crisis; 3) account for any stigma patients may be experiencing as well as any personal assumptions/biases you may hold; 4) allow patients to identify their priorities and needs; 5) Listen without judgement and watch your voice inflections, the cadence of your speech, and the words you use to ensure it proactively demonstrates empathy and respect.

8. The program you've built at Penn is amazing. For those of us operating in places where we may not have the same resources in terms of organizational or staff resources--what things can we do within our clinics to identify patients who have a social need and connect them to resources that can help?

There is a movement to embed social screeners within electronic health records nationally that preceded this crisis, yet there isn't a clear roadmap for health systems or clinics to identify and respond to patient social needs. It is challenging to speak in generalities to what is possible at other places, however this program revealed that health care providers in training are very capable of screening for basic social needs and if they have access to a database of community resources by zip code, they can also assist patients in addressing such needs. To facilitate this, however, there are things that should change from a policy perspective. To start, providers need more time with their patients during ambulatory visits, screening and counseling for social needs should be billable services covered by insurance, and health systems should invest in platforms that allow providers to access up-to-date community resources by zip code.

Please also include one CME question/talk and all of your references.

CME question: a simple multiple choice or T/F question based on your talk

I.e.: Crisis intervention theory

- A. Acute angle closure glaucoma
- B. Orbital Cellulitis
- C. Scleritis
- D. Uveitis
- E. All of the above

ANSWER:E

References:

Please include your article references here. A hyperlink to the Pubmed abstract is sufficient. If referencing UpToDate or textbook, please use AMA citation formatting.

Welcome to the free open access COVID website created by HIPPO education! Im Dr.Lisa Patel, a pediatric hospitalist. Here with me is Dr. Jaya Aysola. She's the **Founder and Executive Director, Penn Medicine Center for Health Equity Advancement, Assistant Professor of Medicine and Pediatrics, and Assistant Dean of Inclusion and Diversity at the Perelman School of Medicine, University of Pennsylvania.** It is June 20th 2020

In hearing about your work it sounds like there are two important pieces to understanding this initiative. One is understanding crisis intervention theory--how we help our patients who are in the midst of crisis navigate systems and resources for their health and well being. And the second is the work of the social needs response team itself--or our listeners, the social needs response team at Penn is basically an army of medical students, nurses, and social workers honed to work with families who have been identified as experiencing distress, having safety concerns, or needing assistance with resources like food, transportation or resources. This team is well planned and well equipped with scripted questions, triage and escalation protocols and a list of community resources that are updated daily. let's start first with talking about the social needs response team, then we'll turn to crisis intervention theory. This sounds like it was a lot of work to put together--was this all in place before the pandemic started?

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